



**CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **EPP7395-4/11-3**
Award Sheet

BIDS AND CONTRACT DIVISION

BID NO.: **EPP7395-4/11-3**
TITLE: **CHECK GUARANTEE SERVICES**
CURRENT CONTRACT PERIOD: **01/01/2010** through **12/31/2010**
Total # of OTRs: **4**

PREVIOUS BID NO.:

MODIFICATION HISTORY

Bid No. **EPP7395-4/11-3**

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No** UAP: **Yes** IG: **No**
OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference **No** Micro Enterprise Full Federal Funding **No** Performance Bond
Small Business Enterprise (SBE) PTP Funds Partial Federal Funding **No** Insurance
Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CAMPBELL, ROMA**
PHONE: 305 375-3233 FAX: 305 372-6128 EMAIL: **RCAMP@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT
BIDS AND CONTRACT DIVISION

VENDOR NAME: **ENCIRCLE INC**
 DBA:
 FEIN: **362996072** SUFFIX : **02** 33172
 STREET: **1691 NW 107 AVENUE** CITY: **MIAMI** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-827-1100**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
ANIL GAJWANI - PRES	305-592-7800	800-827-1100	305-470-2663	ANIL@ENCIRCLEPAYMENTS.COM

VENDOR NAME: **ENCIRCLE INC**
 DBA: **ENCIRCLE**
 FEIN: **362996072** SUFFIX : **03** 33172
 STREET: **1691 NW 107TH AVENUE** CITY: **DORAL** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
OZZIE JORDAN	305-592-7800	-	305-477-6783	OZZIE.JORDAN@ENCIRCLEPAYMENTS.COM

ITEMS AWARDED Section:

Details: **EPP7395-4/11-3**

1.41% OF THE FACE VALUE OF ALL CHECKS PROCESSED BY THE BIDDER.

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award:

DPM Award: **No**

BCC Date:

DPM Date: **08/10/2009**

Contract Amount: \$ **135,000.00**

Additional Items Allowed: **SEE SECTION 2, PARAGRAPH 2.24 FOR ADDITI**

Agenda Item No.:

Special Conditions:

INSURANCE TYPE A 01

BPO INFORMATION Section:

BPO ID : **ABCW1000190**

----- Commodities Info -----

----- Department Info -----

<u>Code</u>	<u>Description</u>
946-36	CREDIT INVESTIGATION AND REPORTING

<u>Department Id</u>	<u>Dollar Allocations</u>
MT*****	\$15,000.00

BPO ID : **ABCW1000191**

----- Commodities Info -----

----- Department Info -----

<u>Code</u>	<u>Description</u>
946-36	CREDIT INVESTIGATION AND REPORTING

<u>Department Id</u>	<u>Dollar Allocations</u>
SW*****	\$120,000.00

End of BPO Information Section